

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

Volume 3

Issue 11

May 2014

This newsletter provides updates on research, news and events related to spirituality and health, including educational resources and funding opportunities. **Please forward to colleagues or students who might benefit.** Our goal is to create a community of researchers, clinicians, clergy, and laypersons interested in spirituality and health and keep them informed and updated. An EVENTS CALENDAR concludes the newsletter and describes spirituality and health related presentations happening at Duke and around the world. This is your newsletter and we depend on you to let us know about research, news, or events in this area.

All e-newsletters are archived on our website. To view previous editions (July 2007 through April 2014) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

LATEST RESEARCH OUTSIDE DUKE

Religious Coping and Health Outcomes in Cystic Fibrosis

Researchers at the University of Alabama in Birmingham followed 46 adolescents (mean age 14.7) for five years examining measures of nutritional status, pulmonary function, and hospitalizations during this time period. Nutritional status was measured by body mass index (which often declines in adolescents with cystic fibrosis and is an indicator of disease status); pulmonary function was assessed by the standard measure %FEV1; and hospitalization was measured by number of days spent in the hospital per year. Religious coping was assessed using the 14-item Brief RCOPE (positive and negative religious coping). Trajectory of change in the above three outcome variables was assessed using hierarchical linear models (PROC mixed in SAS), adjusted for demographic variables and baseline health status. **Results:** High levels of positive religious coping (PRC) predicted a significantly *slower* decline in nutritional status (BMI) compared to those with low PRC; in fact, while the BMI of those with high PRC increased slightly from the 41st to 44th percentile, BMI decreased from the 77th percentile to the 41st percentile in those with low PRC ($p=0.03$). Similarly, PRC predicted a slower decline in %FEV1 (pulmonary function), which declined from 82% to only 78% among those with high PRC, compared to a drop from 82% to 51% in those with low PRC ($p=0.01$). Finally, PRC was associated with significantly fewer days spent in the hospital; those with the highest level of PRC spent an average of only 3 days/year in the hospital, compared to 125 days/year for those with low PRC ($p<0.001$). Negative religious coping was not associated with changes in health outcome. Researchers concluded that “positive spiritual coping plays a key role in maintaining long-term health of adolescent patients with CF.”

Citation: Reynolds N, Mrug S, Britton L, Guion K, Wolfe K, Gutierrez H (2014). Spiritual coping predicts 5-year health outcomes in adolescents with cystic fibrosis. *Journal of Cystic Fibrosis*, E-pub ahead of print

Comment: A remarkable study using the latest statistical modeling to analyzing longitudinal data, with striking findings.

Religious Music and Mental Health

Researchers at Baylor University and University of Texas analyzed data from two waves of a U.S. national random sample of 1,024 adults age 65 or older, examined the effects of listening to religious music on death anxiety, psychological distress, sense of control, life satisfaction, and self-esteem. Frequency of listening to religious music at baseline was assessed with the question “How often do you listen to religious music outside church – like when you are home or driving in your car?” (1=never, 8=several times a day). The same question was also asked for “gospel music” in particular. Outcomes measures included the CES-D for assessing psychological distress, a 4-item scale assessing death anxiety, a 4-item index assessing life satisfaction (Neugarten), a 3-item Rosenberg scale measuring self-esteem, and a 4-item Rotter scale assessing degree of internal control. **Results:** After controlling for race, gender, age, education, financial status, marital status, subjective health, religious attendance, prayer, and baseline mental health variable, listening to religious music at baseline predicted significantly lower death anxiety ($p<0.001$), higher life satisfaction ($p<0.05$), higher self-esteem ($p<0.05$), and higher sense of control ($p<0.01$) three years later, although did not affect depressive symptoms. Similar analyses revealed that listening specifically to gospel music at baseline predicted lower death anxiety ($p<0.05$) and a greater sense of control ($p<0.01$) three years later, although did not affect depressive symptoms, life satisfaction or self-esteem (after baseline levels of these outcomes were controlled for). Researchers concluded that “...listening to religious music may promote psychological well-being in later life.” *Citation:* Bradshaw M, Ellison CG, Fang Q, Mueller C (2014). Listening to religious music and mental health in later life. *The Gerontologist*, April 15 (e-pub ahead of print)

Comment: This is a well-done prospective study of the possible effects that listening to religious music may have on mental health over time. What is particularly interesting is that listening to religious music predicted better mental health even after controlling for frequency of prayer and frequency of attending religious services.

Religious Attendance and Physiological Functions

Researchers at the University of Utah, University of Texas, and Florida State University analyzed cross-sectional data on a U.S. national random sample of 1,450 to 2,934 adults ages 57 to 85 (National Social Life, Health, and Aging Project) to examine the relationship between religious attendance and a wide range of biological variables. Religious attendance was measured on a scale from 0 (never attend) to 3 (attend every week or several times a week). Biological variables included body-mass index (BMI), diastolic blood pressure (DBP), systolic blood pressure (SBP), pulse rate, C-reactive protein (CRP), hemoglobin A1c (HbA1c), Epstein Barr Virus titers (EBV), dehydroepiandrosterone (DHEA), and overall allostatic load (addition of all variables). Control variables included age, gender, race, education, and income. **Results** indicated that frequency of religious attendance was associated with lower overall allostatic load ($B=-.19$, $p<0.05$), lower diastolic blood pressure ($B=-0.03$, $p<0.05$), lower pulse rate ($B=-0.01$, $p<0.001$), lower BMI ($B=-0.001$, $p<0.05$), and lower CRP ($B=-0.09$, $p<0.01$). No relationships were found with DHEA, SBP,

EXPLORE...in this issue

1-3 LATEST RESEARCH

3 NEWS

3-4 EVENTS & RESOURCES

4-5 FUNDING Opportunities & CALENDAR

HbA1c, or EBV. Researchers concluded that “religious attendance is associated with healthier biological functioning in later life.”

Citation: Hill TD, Rote SM, Ellison CG, Burdette AM (2014). Religious attendance and biological functioning: A multiple specification approach. *Journal of Aging and Health* (e-pub ahead of print)

Comment: This study adds to the growing evidence of a link between religious involvement and physiological factors known to influence risk for disease in later life. Because this cross-sectional study demonstrates only associations, future longitudinal studies are needed to help determine the direction of causality (i.e., does religious attendance have a positive influence on these biological risk factors, or do these biological markers influence the capacity to attend religious services).

Atheism and Autism: Are they connected?

Researchers at several universities across Canada and the United States conducted a series of four studies examining whether “mentalizing deficits” (associated with autism) might adversely affect a person’s belief in a personal God, especially in a God with human-like desires and concerns. Study 1 compared religious beliefs in adolescents with diagnosed autism to a matched sample of healthy adolescents. Studies 2-4 were designed to determine if the findings could be replicated in three distinct non-clinical samples where autism was measured as a continuous variable (rather than as a clinical diagnosis). Controlled for were gender and other sociodemographic and psychological variables.

Results: Logistic regression analyses indicated that adolescents with autism in Study 1 were only 11% as likely as normal controls to strongly endorse God (OR=0.11, 95% CI=0.01-0.96); IQ, however, was unrelated to belief in God. In Study 2, a continuous measure of autism spectrum symptoms was administered. Again, those students scoring higher on autism spectrum-like symptoms were less likely to believe in God (B=-0.13, p=0.02, controlling for gender). In Study 3, researchers attempted to extend their results to a national sample of American adults. Controlling for age, gender, education, income and frequency of religious attendance, for each standard deviation increase in autism scores, participants were only 80% as likely to strongly endorse a personal God (OR=0.80, 95% CI=0.55-0.97). Finally, in Study 4, researchers attempted to replicate their findings in another national sample of American adults, while controlling for age, education, frequency of religious attendance, and a new 3-item measure of interest in math, science, and engineering. Again, analyses using logistic regression indicated that for each standard deviation increase in autism scores, participants were only 66% as likely to strongly endorse God (OR=0.66, 95% CI=0.53-0.84). Researchers concluded, “We found new evidence for an inverse link between autism spectrum and belief in God...”

Citation: Norenzayan A, Gervais WM, Trzesniewski KH (2012). Mentalizing deficits constrain belief in a personal God. *PLoS ONE* 7(4):e36880

Comment: Although a slightly dated study (we missed it in 2012), the findings are relevant to understanding why some persons might be less religious than others. This study suggests that neurological deficits known to interfere with interactions with fellow humans might also affect interactions with Divine beings as well.

Islamic Intercessory Prayer and Warts

In Turkey, where most of the population is Muslim, prayer is often used to heal warts. Researchers in the divinity school and department of dermatology at Ankara University in Turkey examined the effects of in-person intercessory prayer on the treatment of warts (*verruca vulgaris*) using a single-blind randomized clinical trial design in 45 subjects (91% Muslim). Subjects had between 1 and 14 warts present for between 1.6 and 4.4 years, and none had received any treatment for warts during the previous 6 weeks. Fifteen subjects each were

randomized to one of three groups: (Group 1) uncertain about whether they would receive prayer or not, but who received prayer; (Group 2) uncertain about whether they would receive prayer or not, but did not receive prayer; or (Group 3) a control group who were informed that there would be no intervention and they received no prayer. Those in Group 1 received in-person prayer by an Imam as follows. The subject and Imam sat face-to-face in a mosque; the Imam whispered a verse from the Quran in Arabic: “What! Have they settled some plan [among themselves]? But, we settle things, too” (Qur’an 43:79); and the Imam begged God for the recovery of the participant’s warts. For those in Group 2, the Imam pretended to recite the above verse from the Qur’an, but in reality he did not do so or say any prayers. The Stress Audit Scale was administered to all participants at baseline and follow-up. Belief in the therapeutic effects of intercessory prayer was present in 86% of those in Group 1 and 100% of those in Group 2; trust in the intercessor (Imam) was also similar in both groups (53% in Group 1 and 67% in Group 2). After the intervention was conducted, researchers allowed 6 weeks to elapse before comparing the results. Stress level was the same in all three groups; however, stress level was positively correlated with number of warts both before and after the intervention. **Results:** Among those in Group 1, 20% experienced complete healing of all warts; among those in Group 2, 7% experienced healing; and in Group 3, 0% experienced healing. When healing in Group 1 was compared to healing in Groups 2 and 3 combined, the result did not reach statistical significance (20% vs. 3%, p=0.10). There was also no significant difference in number of warts healed between the three groups. All of those whose warts were healed believed in the therapeutic effects of prayer and trusted in the Imam.

Citation: Hosrik EM, Cuceloglu AE, Erpolat S (2014). Therapeutic effects of Islamic intercessory prayer on warts. *Journal of Religion and Health*, February 18, E-pub ahead of print

Comment: This is the first study to scientifically test the effectiveness of in-person intercessory prayer on the healing of warts in an Islamic country. Even though statistically not significant, the findings are impressive! (20% vs. 3%) Perhaps if they had a larger sample size the results may have reached statistical significance.

Spiritual Well-Being and Quality of Life in Schizophrenia

Italian researchers in Brescia, Torino, and Milano examined baseline predictors of quality of life over a 12-month follow-up period in a sample of 139 patients with schizophrenia living in residential facilities. Quality of life (QOL) was measured with the 26-item WHOQOL-Brief scale at baseline and 12 month follow-up; the scale assesses QOL in terms of four dimensions: physical, psychological, social, and environmental. Spiritual well-being (SWB) was assessed using the Paloutzian and Ellison (1982) Spiritual Well-Being Scale; although the scale consists of two subscale (religious well-being and existential well-being), the total score was used and dichotomized into high and low SWB for analysis. Also measured were severity of psychopathology, cognitive functioning, satisfaction with mental health services, social support, and level of daily activity. Logistic regression and structural equation modeling were used to examine baseline and longitudinal predictors of QOL. **Results:** At baseline, high SWB was associated with significantly higher psychological and environmental QOL; however, it did not predict QOL one year later after baseline QOL was controlled. Only social support and satisfaction with mental health services predicted followup QOL.

Citation: Lanfredi M, Candini V, Buizza C, Ferrari C, Boero ME, Giobbio GM, et al. (2014). The effect of service satisfaction and spiritual well-being on the quality of life of patients with schizophrenia. *Psychiatry Research* 216:185-191

Comment: Very little research to date has examined relationships between religion, spirituality, and health in patients with schizophrenia. Although not a great study with regard to

measurement of spiritual well-being (failing to distinguish religious from existential well-being), the statistical analysis, or the presentation of the findings, we summarize this study so that readers will be aware of new research on this poorly examined topic.

Faith-Based Initiatives in Health Promotion

In this succinct and informative article, Jeff Levin reviews the history, challenges, and current partnerships of faith-based organizations (FBOs) that are involved in health promotion. In particular, he focuses on interactions between FBO's and the White House Office of Faith-Based and Neighborhood Partnerships (OFBNP) (formerly called White House Office of Faith-Based and Community Initiatives). He describes some of the first congregational health promotion programs here in the U.S., best illustrated by the Health and Human Services Project of the General Baptist State Convention of North Carolina in the 1970s, and more recent interactions between these FBOs and the OFBNP during the presidencies of Clinton, Bush, and Obama. Areas that are covered include faith-based efforts to (1) promote health behavior and health education, (2) health policy and management (partnerships between medical centers and FBOs in delivering health care to the underserved), (3) role of FBOs in health promotion and disease prevention through reinforcement of behaviors, beliefs, attitudes, and social relationships that affect health, and (4) efforts by FBOs to improve the health of communities and nations as a whole by emphasizing the bulding of wells, draining of swamps, decreasing exposure to infectious agents, etc., both within the US and globally. Levin ends with a "call to action" that emphasizes global health through partnerships between OFBNP and FBOs, as exemplified by the President's Emergency Plan for AIDS Relief (PEPFAR) in sub-Saharan African, which is described as "the largest effort by any nation to combat a single disease."

Citation: Levin J (2014). Faith-based initiatives in health promotion: History, challenges, and current partnerships. *American Journal of Health Promotion* 28(3):139-141

Comment: This is a short, excellent summary of faith-based efforts to promote health in the past and currently, including the role that the White House has played in partnering with faith-based organizations.

SPECIAL EVENTS

Islamic Bioethics Workshop (Plano, Texas, May 17, 2014)

Sponsored by the Initiative on Islam and Medicine, TAQUA Academy, and the macLean Center for Medical Ethics at the University of Chicago, this 5-hour workshop is being held to provide participants with discussion about some of the most pressing questions concerning Islamic perspectives on brain death and non-maleficence. Participants will leave with the basic skills and knowledge necessary to evaluate end-of-life situations from within the appropriate bioethical and Islamic theological frameworks. For more information, see: <https://pmr.uchicago.edu/page/aug-bioethics>.

Conceptualizing and Assessing Spirituality in Psychotherapy (NY, NY, May 18, 2014)

The Center for Anxiety is holding a workshop from 10:30-2:30 at the Empire State Building 59th Floor in New York City, that focuses on engaging spirituality in psychotherapy. The workshop will help participants to understand what spirituality is, how it develops and changes, and how to distinguish healthy from less healthy spiritual expressions. Thus, the first section will offer a way to understand and evaluate spirituality. The presenter will illustrate some of the rich and varied ways religion and spirituality can serve as resources to people facing significant problems and some of the ways in which religion and spirituality can be problems in and of

themselves. Building on this understanding, the second section will present a multi-level model of spiritual assessment that ranges from initial questions to more intensive assessments of various domains of religion and spirituality. The workshop is intended for mental health professionals, including psychologists, psychiatrists, social-workers, nurses, chaplains and counselors, as well as graduate students, clinical fellows, and medical residents. The basic working framework with Cognitive Behavioral Therapy (CBT). The presenter is Ken Pargament, who is one of the foremost leaders in integrating spirituality into psychotherapy. For more information, go to website: <http://www.centerforanxiety.org/training/>.

Spirituality and Health Research Workshop (Malta, May 18-21, 2014)

Preceding the European Conference on Religion, Spirituality and Health in beautiful Malta (see below) will be a 4-day Pre-Conference Research Workshop. This workshop covers about 75% of the material presented during Duke University's Summer Research Workshop. The workshop is open to all those interested in doing research on religion, spirituality and health (including those at any level of training, but particularly chaplains, physicians, nurses, psychologists, counselors, theologians, public health specialists, epidemiologists, or other health professionals). This workshop is filling up quickly, so those who wish to attend need to register immediately. For more information go to: <http://www.ecrsh.eu/dynasite.cfm?dsamid=92326>

Spirituality in a Challenging World (Hertfordshire, UK, May 19-21, 2014)

The British Association for the Study of Spirituality is holding its 3rd International Conference at the country estate of Ashridge House, Berkhamsted in Hertfordshire. Keynote speakers include Professor Roger Gill (Durham University), Professor Carole Hillenbrand (University of Edinburgh), Professor Margaret Holloway (University of Hull), Professor Michael King (University College of London), and Professor John Swinton (University of Aberdeen). For more information, see: <http://www.basspirituality.org.uk/conferences/introduction/>.

2nd Annual Disaster Ministry Workshop (Wheaton, Illinois, June 10-12, 2014)

The Humanitarian Disaster Institute at Wheaton College is sponsoring a workshop that will enable the participant to obtain a *Certificate of Completion in Disaster Ministry*. The purpose is to equip pastors and church leaders to lead their congregations in developing effective disaster ministries. In this three day workshop the participant will learn: how to help your congregation and communities be more disaster resilient, the theology of church disaster engagement, specific plans for making your church disaster ready, disaster spiritual and emotional care, complex community trauma, state and federal resources, and more. For more information, go to: <http://www.wheaton.edu/hdi>.

Emerging Tools for Innovative Providers 2014: Interdisciplinary Spiritual Care Applications with Immediate Impact (Pasadena, California, July 28-August 1, 2014)

This 5-day workshop, being held at Fuller Theological Seminary about 25 minutes from Hollywood, focuses on identifying spiritual interventions with immediate impact in healthcare settings. The goal is to identify brief, short-term interventions that interrupt the psychological stress reactions in response to illness and the immunological and hormonal changes that adversely affect health. Physicians, nurses, social workers, and chaplains are the target audiences for this workshop. Participants will work with each other and with workshop faculty to develop tools for assessing and addressing the spiritual and emotional needs of patients in their own unique settings, whether that be medical hospitals and clinics,

mental health, substance abuse, or community health environments. Faculty include Ken Pargament, Gail Ironson, Jeffrey Dusek, Kevin Reimer, Alexis Abernethy, Sheryl Tyson, Lee Berk, Douglas Nies, Bruce Nelson, and Harold Koenig. A yearly West Coast conference targeted specifically at clinicians, this is the premier workshop in the U.S. that focuses on integrating spirituality into patient care. See website: <http://www.emergingtoolsforinnovativeproviders.com/>.

Duke Summer Spirituality & Health Research Workshops

(Durham, NC) (August 11-15, 2014)

Register now for a spot in our 2014 summer research workshop on spirituality & health. The workshop is designed for those interested in conducting research in this area or learning more about the research that is now being done. Those with any level of training or exposure to the topic will benefit from this workshop, from laypersons to graduate students to full-time professors at leading academic institutions. Over 650 persons from all over the world have attended this workshop since 2003. Individual mentorship is being provided to those who need help with their research or desire career guidance. Partial **tuition scholarships** will be available for those with strong academic potential and serious financial hardships. For more information, see website: <http://www.spiritualityhealthworkshops.org/>.

RESOURCES

Families and Faith: How Religion is Passed Down Across Generations (Oxford University Press, 2013)

Written by Vern Bengtson, a senior scientist at the University of Southern California Institute on Aging and former president of the Gerontological Society of America, this book reports on a landmark study "Longitudinal Study of Generations" that surveyed 350 four-generation families over 35 years. The study finds that despite the fact that Americans are now less religious than ever before (at least in terms of church membership and attendance), the fact is that people become more religious as they age. Bengtson predicts that baby boomers will turn back to religion later in life – especially during the next decade -- just as previous generations of Americans have. In the Longitudinal Study of Generations, Bengtson found that there is remarkable religious continuity between parents and children, and this has not changed over the past four decades. The passing down of core religious beliefs and values remains as high as ever, and those who leave the religious flock tend to return back to religion in their later years. What appears to matter most is the emotional quality of the children's relationships with their fathers. Not only are fathers a major influence on children, so too are grandparents. This is a definitely a book worth reading that dispels many modern notions regarding the decline of religion. Available (for \$26.96) at: <http://www.amazon.com/Families-Faith-Religion-Passed-Generations/dp/0199948658>.

Before Bioethics: A History of American Medical Ethics from the Colonial Period to the Bioethics Revolution (Oxford University Press, 2013)

According to the description on Amazon.com, "Before Bioethics narrates the history of American medical ethics from its colonial origins to current bioethical controversies over abortion, AIDS, animal rights, and physician-assisted suicide. This comprehensive history tracks the evolution of American medical ethics over four centuries, from colonial midwives and physicians' oaths to medical society codes, through the bioethics revolution... The book concludes by exploring the reasons underlying American society's empowerment of a hodgepodge of ex-theologians, humanist clinicians and researchers, lawyers and philosophers-the bioethicists-as authorities able to address research ethics scandals and the ethical problems generated by morally disruptive

technologies." Also, see a nice review of this book by R. F. Gillum in the *Journal of Religion and Health* 2014; 53:298-299. Available (for \$56.81) at: <http://www.amazon.com/Before-Bioethics-American-Colonial-Revolution/dp/0199774110>.

Masculinity, Meditation and Mental Health (Palgrave Macmillan, 2014)

Men are often said to be 'in crisis,' blighted by the adverse effects of corrosive masculine norms. For example, pressure to be tough may lead men to disconnect emotionally, meaning they struggle to cope with distress. However, such outcomes are not inevitable. The book traces the difficult but ultimately rewarding life journeys of a group of men who sought and found an elusive sense of well-being through meditation and Buddhism. Interweaving their personal narratives with the latest research and theory at the intersection of gender and mental health, together with practical recommendations for men, the book is a testimony to the potential for men to change and lead lives that are more conducive to wellbeing [description by author]. Available (for \$83.30) at: <http://www.amazon.com/Masculinity-Meditation-Mental-Health-Timothy/dp/1137345276>.

Spirituality in Patient Care, 3rd Ed (Templeton Press, 2013)

The 3rd edition provides the latest information on how health professionals can integrate spirituality into patient care by identifying and addressing the spiritual needs of patients. Chapters are targeted to the needs of physicians, nurses, chaplains and pastoral counselors, mental health professionals, social workers, and occupational and physical therapists. Available (\$22.36) at: <http://templetonpress.org/book/spirituality-patient-care>.

Handbook of Religion and Health (2nd Ed) (Oxford University Press, 2012)

This Second Edition covers the latest original quantitative research on religion, spirituality and health. Spirituality and health researchers, educators, health professionals, and religious professionals will find this resource invaluable. Available (\$105.94) at: <http://www.amazon.com/Handbook-Religion-Health-Harold-Koenig/dp/0195335953>

Spirituality & Health Research: Methods, Measurement, Statistics, & Resources (Templeton Press, 2011)

This book summarizes and expands the content presented in the Duke University's Summer Research Workshop on Spirituality and Health (see above), and is packed full of information helpful in performing and publishing research on this topic. Available (\$39.96) at: <http://templetonpress.org/book/spirituality-and-health-research>.

FUNDING OPPORTUNITIES

Templeton Foundation Online Funding Inquiry (OFI)

The Templeton Foundation will be accepting the next round of letters of intent for research on spirituality and health between August 1, 2014 - October 1, 2014. If the funding inquiry is approved (applicant notified by November 5, 2014), the Foundation will ask for a full proposal that will be due March 2, 2015, with a decision on the proposal reached by June 19, 2015. The three main areas in religion, spirituality and health that the Foundation funds are: (1) research on causal mechanisms (basic psychosocial, behavioral, and physiological pathways), (2) increasing competencies of health care professionals in working with religious patients (physicians, but also psychologists and experts in public health), and (3) research involving the development of religious-integrated interventions that lead to improved health. More information: <http://www.templeton.org/what-we-fund/our-grantmaking-process>.

Grand Challenges Explorations

Bill & Melinda Gates Foundation have announced grant awards for the latest round (Round 12) of the Grand Challenges Explorations program. Over 80 new grants of \$100,000 were made to investigators from 14 countries through this program during that round. The initiative funds innovative ideas to solve some of the greatest challenges in global health and development. Persons from any discipline may apply, from students to tenured professors. This initiative uses an accelerated grant-making process with short two-page applications and no preliminary data are required. Applications are submitted online and winning grants are chosen approximately 5 months from the submission deadline. Initial grants of \$100,000 are awarded two times a year. Successful projects have the opportunity to receive a follow-on grant of up to \$1 million. The next round of Grand Challenges Explorations (round 13) is now open for applications, which will be accepted until May 6, 2014. For more information go to website: <http://www.grandchallenges.org/Explorations/Pages/ApplicationInstructions.aspx>. Identifying ways that religious involvement and faith-based programs can improve global health is a novel idea that needs to be explored, and here is a potential source of funds to do just that.

NIH Funding Opportunities Announcements (FOA)

NIMH recently (2/26/14) sent out a range of FOA's to fund clinical trials that could include the area of religion, spirituality and mental health. These include funding for exploratory clinical trials of novel interventions for mental disorders. Here are some of the details on two areas where support is now available: (1) **Exploratory Clinical Trials of Novel Interventions for Mental Disorders:**

"These FOAs aim to support the efficient pilot testing of novel interventions for mental disorders in adults and children through an experimental therapeutics approach. Trials must be designed so that results, whether positive or negative, will provide information of high scientific utility and will support "go/no-go" decisions about further development or testing of the intervention. These funding mechanisms are intended to speed the translation of emerging basic science findings of mechanisms and processes underlying mental disorders into novel interventions that can be efficiently tested for their promise in restoring function and reducing symptoms for those living with mental disorders"; (2) **Clinical Trials to Test the Effectiveness of Treatment, Preventive, and Services Interventions:** "These FOAs aim to support investigator-initiated clinical trials to establish the effectiveness of interventions and to test hypotheses regarding moderators, mediators, and mechanisms of action of these interventions.

These FOAs support clinical trials designed to test the therapeutic value of treatment and preventive interventions for which there is already evidence of efficacy, for use in community and practice settings." Application deadline for this round is **June 17**. For more information, go to website:

http://www.nimh.nih.gov/funding/opportunities-announcements/clinical-trials-foas/index.shtml?utm_campaign=home-slideshow&utm_medium=web&utm_source=nimh-home-page&utm_content=more-link

2014 Csth Calendar of Events...

May

- 2 **Religion, Well-being and Health in Later Life**
Forrest at Duke Retirement Center
Durham, North Carolina
Presenter: Koenig
Contact: Ibbey Wooten (IWooten@forestduke.org)
- 14 **Religion, Spirituality and Health**
Catholic University of Portugal
Lisbon, Portugal
Presenter: Koenig
Contact: Silvia Caldeira (Caldeira.Silvia@gmail.com)
- 17 **Religion, Spirituality and Health**
Dublin City University, Dublin, Ireland
Our Lady's Hospice & Care Services
Presenter: Koenig
Contact: Bernadette Flanagan (BFlanagan@allhallows.ie)
- 22 **Integrating Religion/Spirituality into Clinical Practice**
European Conference on Religion, Spirituality, & Health
Malta (off coast of Italy)
Presenters: Curlin, Fitchett, Koenig, Puchalski, etc.
Contact: Dr. Rene Hefti (rene.hefti@klinik-sgm.ch)
- 28 **Atheism and Mental Health**
Robert Edward Whitley, M.D.
Professor of Psychiatry, McGill University, Montreal, Canada
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

June

- 25 **Considering Spirituality and Religion in Treatment of Substance Use Disorders**
John Allen, Ph.D., MPA
Consulting Professor, Duke Department of Psychiatry and Behavioral Sciences
Center for Aging, 3rd floor, Duke South, 3:30-4:30
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

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